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WESTMORLAND COUNTY COUNCIL

Annual Report

of the

County Medical Officer of Health and Principal School Medical Officer

1965

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COUNTY OF WESTMORLAND

Health Department,
County Hall, Kendal.
October 1966.

Mr. Chairman, Ladies and Gentlemen,

ANNUAL REPORT, 1965

In writing the introduction to the Annual Report, as I do each year, from material which the layman must find uninteresting, it is naturally difficult to present a preamble which is attractive.

Nevertheless, the story of Public Health is one of gradual but continual improvement in the services made available to the public. It is not possible to comment more than briefly on some of the more obvious aspects of the service.

It is disappointing in this healthy and rural County to find that the Infant Mortality Rate is above the National average — 26.8 as against 19.0. Undoubtedly the County average will vary, but it is still surprisingly high. A detailed list of causes of death is shewn on page 11, and a scrutiny of these causes does not point to any one particular reason or in fact to any cause that is easily remediable. On the other hand, if the three cases in which death was caused by the mother were excluded, the rate would be reduced to 23.9.

The population trend within the County suggests a slow removal from North Westmorland; at the same time a gradual increase in South Westmorland.

In common with the rest of the country the number of institutional confinements is increasing. Thus, the domiciliary confinements now amount to an average of two cases per midwife per year, and this will eventually cause difficulty by providing insufficient cases for the midwives to maintain their skill.

The National shortage of nurses is now beginning to affect Westmorland. It appears that while there are plenty of nurses to man the major and well-known hospitals, yet at the periphery of the service it is becoming more and more difficult to fill vacancies. The Ministerial advice to make use of part-time married nurses and Nursing Auxiliaries is timely, and we have for many years taken advantage of these so far as we have been able.

The distribution of Dried Milk and Vitamin products has come under discussion by the County Councils Association. This service, originally a War-time measure, was taken over by Local Health Authorities in

1954. The sale of products has steadily declined, and the service will have to be kept under review and possibly terminated.

The major innovation this year was the opening of the new Clinic in Kendal. This is a great improvement on the old premises and fulfils its function admirably.

On page 38 a paragraph is included on Milk (Special Designation) Regulations, and the fact that three samples of milk taken at random were found to contain the organisms of Undulant Fever give rise to thought. It is time that an intensified campaign was launched to eradicate this source of illness.

On page 40 a good example of the quiet way in which preventive Medicine work is given. The decline in the percentage of children giving a positive reaction to Tuberculin has been reduced from 34% to 4.1 within 11 years. I think this can be taken as a measure of the lessening of Tuberculous infection within the County.

The School Health Service calls for little comment as there were no outstanding changes during the past year.

The Audiometric Service continues to function well and has proved its value to the schoolchildren. I wish the same could be said of the Speech Therapy. Difficulty in recruiting staff is at the bottom of the trouble and little improvement can be effected until salary scales are raised to a more attractive level.

I would like to take this opportunity of thanking Drs. Morton and Young for their interesting report on chest diseases which are well worth reading.

I have the honour to be,

Your obedient Servant,

JOHN A. GUY,

County Medical Officer of Health

and Principal School Medical Officer.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1965

Name	Qualifications	Office	Whole or Part Time	Other Offices
John A. Guy	M.D., D.P.H.	County Medical Officer	Whole	Principal School Medical Officer
I. S. Bailey	M.A., M.R.C.S., L.R.C.P., D.P.H.	Deputy County Medical Officer	Whole	Deputy Principal School Medical Officer
R. Douglas Young	M.D., M.R.C.P.	Tuberculosis Officer	Part	Consultant Chest Physician
W. Hugh Morton	M.B., Ch.B., M.R.C.P., D.P.H.	Tuberculosis Officer	Part	Consultant Chest Physician
M. D. McGarry	L.D.S.	Principal Dental Officer	Whole	Principal School Dental Officer
D. J. Harrison	B.D.S.	Dental Officer	Whole	School Dental Officer
J. B. Millar	B.D.S., L.D.S.	Dental Officer	Whole	School Dental Officer
B. C. Tomlinson	L.D.S., R.C.S.	Dental Officer	Whole	School Dental Officer
P. G. Holloway	Social Science Certificate	Mental Welfare Officer	Whole	———
E. M. Thomas	S.R.N., S.C.M., H.V.Cert.	Superintendent Nursing Officer	Whole	———
S. M. Head	Diploma in Institutional & Catering Management	Home Help Organiser	Whole	———
E. Bland	S.R.Ch., F.R.S.H.	Chiropodist	Whole	———

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres, land and inland water)	504,917
Population (Registrar-General's estimate of resident population, mid-1965)	66,950
Total Rateable Value as on 1st April, 1965	£2,227,103
Estimated product of a Penny Rate (General County) for the financial year 1965-66	£8,891

EXTRACTS FROM VITAL STATISTICS IN THE YEAR 1965

	Total.	Males.	Females.
Live Births—Legitimate	971	502	469
Illegitimate	74	37	37
	1045	539	506

Birth Rate per 1,000 of the estimated resident population .. 17.6

Birth Rate, England and Wales, 18.1

Illegitimate Live Birth per cent of total live births, 6.1

	Total.	Males.	Females.
Stillbirths	15	8	7

Rate per 1,000 total live and stillbirths .. 14.2

Stillbirth Rate, England and Wales .. 15.7

	Total.	Males.	Females.
Total Live and Stillbirths	1060	547	513

	Total.	Males.	Females.
Deaths of Infants under 1 year of age	28	17	11

Death-rate of Infants under 1 year of age:

All infants, per 1,000 live births .. 26.8

Legitimate infants, per 1,000 legitimate live births .. 23.7

Illegitimate infants, per 1,000 illegitimate live births .. 67.6

Infant Death Rate, England and Wales, 19.0

	Total.	Males.	Females.
Neo-Natal Deaths (under four weeks)	18	12	6

Rate per 1,000 live births, 17.2

Neo-Natal Mortality Rate, England and Wales, 13.0

Early Neo-Natal Mortality Rate (deaths under one week):

Rate per 1,000 live births .. 13.4

Perinatal Mortality Rate (stillbirths and deaths under one week):

Rate per 1,000 total live and stillbirths .. 25.5

Deaths from Pregnancy, Childbirth or Abortions .. Nil

Rate per 1,000 total (live and still) births .. Nil

Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0.25

	Total.	Males.	Females.
Total Deaths	910	442	468
Death Rate per 1,000 of the estimated resident population ..	11.7		

Death Rate, England and Wales, 11.5

POPULATION

DISTRICT	Area in acres (Land and Inland Water)	Population: Registrar General's estimate Mid. - 1965
URBAN		
Appleby	1,877	1,790
Lakes	49,917	5,120
Kendal	3,705	18,800
Windermere ..	9,723	6,670
RURAL		
North Westmorland .	288,688	15,090
South Westmorland .	151,007	19,480
Westmorland ..	**504,917**	**66,950**

BIRTH RATE

Birth Rate per 1,000 estimated resident population.

District.	1963.	1964.	1965.
URBAN			
Appleby	17.5	15.9	18.1
Kendal	17.8	19.5	18.5
Lakes	9.6	11.9	12.8
Windermere	16.9	16.0	16.1
RURAL			
North Westmorland	18.3	19.6	18.9
South Westmorland	17.6	19.7	17.3
WESTMORLAND	17.0	18.6	17.6
ENGLAND AND WALES ..	18.2	18.4	18.1

The Birth Rates in the Table above are calculated using the comparability factor supplied for the purpose by the Registrar-General.

Live Births registered in the last five years were as follows:—

Year.	1961.	1962.	1963.	1964.	1965.
Number of births ..	966	1,011	1,019	1,096	1,045

DEATH RATE

Death Rate per 1,000 estimated population.

District.	1963.	1964.	1965.
URBAN			
Appleby	12.8	8.7	20.5
Kendal	15.0	13.0	12.3
Lakes	9.7	10.7	10.3
Windermere	12.5	13.1	10.3
RURAL			
North Westmorland	12.1	12.3	12.9
South Westmorland	11.4	11.3	11.0
WESTMORLAND	12.6	12.2	11.7
ENGLAND AND WALES ..	12.2	11.3	11.5

The Death Rates in this Table are calculated using the comparability factor provided for the purpose by the Registrar-General.

The chief causes of death in Westmorland in 1963, 1964 and 1965, in order of maximum fatality in 1965 were as follows:—

	1963.	1964	1965.
Heart Disease	329	319	333
Cerebral Hæmorrhage	176	160	161
Cancer	153	154	159
Other Circulatory Diseases ..	40	37	38
Bronchitis	54	29	35
Violence (including accident) ..	39	51	34
Pneumonia	30	30	26

MATERNITY AND CHILD WELFARE
INFANTILE MORTALITY (Under 1 Year)

Rate per 1,000 Live Births.

District.	1963.	1964.	1965.
URBAN			
Appleby	—	—	66.7
Kendal	16.0	20.5	21.5
Lakes	—	17.3	—
Windermere	10.5	33.3	22.0
RURAL			
North Westmorland	15.8	18.6	15.4
South Westmorland	14.5	28.8	46.9
WESTMORLAND	13.7	22.8	26.8
ENGLAND AND WALES ..	20.9	20.0	19.0

ILLEGITIMATE INFANT DEATH RATE

Rate per 1,000 illegitimate Live Births.

	1963.	1964.	1965.
WESTMORLAND	21.7	66.7	67.6

Causes of Death in Infants under one year in 1965:—

Prematurity	4
Pneumonia	4
Congenital heart disease	2
Cerebral haemorrhage	2
Atelectasis	2
Asphyxia	2
Drowning	1
Intracranial haemorrhage	1
Subtentorial tear	1
Strangulation	1
Myocarditis	1
Bronchiolitis	1
Anencephaly	1
Heart failure	1
Electrolytic unbalance	1
Respiratory failure	1
Haemolytic disease of newborn	1
Pulmonary syndrome of newborn	1
Spina bifida	1
	29

COMMENT ON VITAL STATISTICS

Whilst the Vital Statistics relating to relatively small groups must always beviewed with caution, some of the figures for 1965 appear worthy of comment. As stated below the relevant tables on page 10 of this Report, the Birth and Death Rates, are calculated using the Comparability Factor, supplied for this purpose by the Registrar-General. This factor is designed to compensate for variations in the age and sex structure of the population of different areas, and to make the Birth and Death Rates so calculated comparable to those of other areas, and to the figures for England and Wales.

The number of Live Births during the year, 1,045, and the Live Birth Rate (17.6) were lower than those recorded in 1964, when the corresponding figures were 1,096 and 18.6 respectively, but unfortunately the number and percentage of illegitimate births rose.

The Stillbirth Rate (14.2) shows a welcome reduction and is now below that for England and Wales (15.7). This rate, being based on very small figures is apt to fluctuate very considerably, but in general is slightly above the national figure.

During the immediate post-war years the Infant Death Rate fell rapidly, and during the last ten years the rate for England and Wales has continued to fall though more slowly. The figure for the County on the other hand has fluctuated from rates little over half those for England and Wales to rates slightly above the national figure. It is regrettable to have to report an increase to 26.8 per 1,000 in the Infant Death Rate (the highest for ten years) which, with a rate of 14.2 per 1,000 for Stillbirths, gives a Perinatal Death Rate of 41.0 per 1,000 Live and Stillbirths, compared with 34.7 for England and Wales.

MIDWIFERY

The midwifery service is provided directly by the Local Health Authority, who employ 35 midwives.

The Superintendent Nursing Officer has been appointed non-medical supervisor. She is responsible for the supervision not only of midwives employed by the Authority, but also those working in Hospitals and Nursing Homes. There are no midwives engaged in private domiciliary practice. All the midwives employed by the Local Health Authority are qualified to administer gas and air, and are provided with the necessary apparatus, and 28 of them are authorized to use pethidine Midwives who have booked cases undertake the ante-natal care; where cases have been booked with medical practitioners and are to be confined at home, they usually have antenatal care by their own doctors. The number of cases booked to be delivered by the midwife alone has seriously declined in Westmorland since the passing of the National Health Service Act, and only 7 out

of the 78 domiciliary cases had not booked a doctor. Local courses of lectures to all district nurse/midwives are arranged annually; in addition midwives are sent on approved refresher courses, arranged by the Royal College of Midwives, at the expense of the Local Health Authority, during which time they receive full salary.

In view of the low proportion of domiciliary confinements it has not been necessary to introduce night rota systems, although arrangements have been made for relief during holidays, sickness, refresher courses and days off.

The situation in regard to domiciliary midwifery has changed and the domiciliary cases in this County now average little over 2 per midwife per annum, and this seems to create a problem in that such small numbers of confinements are insufficient to enable the midwife to maintain her standards. The five-yearly refresher course might do something to help, but the situation in domiciliary midwifery seems very uncertain at present.

The demand for Mothercraft and Relaxation Classes remains steady, and during 1965 a total of 287 women made 1,326 attendances for this purpose.

The Statistical Tables at the end of this Report are a simplified version of the Annual Return to the Ministry.

Domiciliary Confinements

Number of cases:—	1963.	1964.	1965.
(i) Doctor booked	104	105	71
(ii) Doctor not booked	6	2	7
Total ...	110	107	78

HEALTH VISITING

There is only one full-time Health Visitor employed in the County, but health visiting is undertaken by nurses combining health visiting with midwifery and home nursing, or with midwifery alone. Of these nurses, 21 hold the health visitor's certificate, the rest being employed under dispensation granted by the Ministry of Health. The Ministry is no longer prepared to grant dispensations although persons in respect of whom a dispensation has already been granted may continue to carry out the duties of a health visitor so long as they remain in the employment for which the dispensation was granted. It

is difficult to see what further steps the authority can take to secure staff with this qualification. The offering of more scholarships is clearly not the answer, as suitable applicants are not available for the vacancies already budgeted for.

To enable unqualified nurses to obtain the health visitor's certificate, scholarships are now awarded each year under which the cost of training is defrayed by the Local Health Authority, who also pay to the student three-quarters of the minimum salary of a qualified Health Visitor, the nurse on her part entering into a contract to serve, after qualification, for a minimum of two years. A series of lectures is held locally during each year, and selected nurses are sent in rotation on refresher courses.

The attachment of a Health Visitor to each of the three group practices in Kendal which was introduced in September 1964, proved satisfactory to both doctors and health visitors and is likely to remain a permanent feature of the work.

	1963.	1964.	1965.
Total Health Visits to Infants under 1 year ...	7,297	8,920	8,963
Total Health Visits to Children 1 to 5 years ...	15,346	14,846	15,584

HOME NURSING

The Home Nursing Service is provided by the district nurse/midwife/health visitors employed directly by the Local Health Authority and is under the day-to-day control of the Superintendent Nursing Officer; there is close co-operation with general practitioners in the home nursing field by reason of the fact that, although nurses may be called in by patients, the nurses are instructed that they must not continue in attendance unless the medical practitioner has also been called in and given directions for the treatment of the case. Contact between the practitioners and the nurses is a direct one and generally satisfactory. There appears to be an increasing tendency for hospitals on the discharge of patients to request the assistance of the domiciliary nursing services in the continuance of the care of the patient.

The question of the extent to which the Home Nursing Service relieves the pressure on hospital beds is frequently raised, and whilst a specific answer may not be possible, it seems reasonable to suggest that some acute cases are discharged from hospitals earlier than they might otherwise have been.

In the case of the chronic sick, however, there appears little doubt that, without the assistance of the District Nurse, most of the many bed-ridden patients for whom they at present care would have to be admitted to hospital at a much earlier stage in their illness. At present

admission can often be deferred until they require more or less continuous day and night care, which is not practicable at home. The employment of Nursing Orderlies who assist and work under the direction of the Nurse has contributed considerably to the care of this type of case, as has also the introduction of Night Nursing and Night Attendance arrangements to cope with cases who cannot be left alone at night. The majority of these cases receive help for a few nights in an acute emergency or possibly the terminal stages of a final illness; one or two cases have arisen requiring help every night for prolonged periods. Important as this care may be to the families of the patients concerned, it should be realised that the care of one such patient can cost as much, broadly speaking, as the care of all the persons in a normal nursing district.

The Council has increased the awards of scholarships for District Training and, though there are no arrangements for District Training within this County, arrangements have been made with Lancashire County Council under which certain nurses from the southern part of the County have taken the theoretical part of their training by attending for three days per fortnight at Preston, whilst doing the practical part of the course on their own District under the supervision of the Course Tutor. This arrangement simplifies the provision of reliefs and enables the training of married nurses, whose domestic commitments would prevent them from attending full-time for a period of three or four months. An annual series of lectures is arranged which includes topics specifically relating to home nursing and allied subjects.

Incontinence pads have been provided since 1963 in all cases in which they are considered necessary by the doctor or nurse. So far no problem has arisen regarding the disposal of soiled pads.

A summary of the work done is given below; fuller details will be found in the Statistical Tables at the end of this Report.

	1963.	1964.	1965.
Number of Cases Attended ...	2,523	2,601	2,497
Number of Visits	61,156	70,624	68,451

HEALTH EDUCATION

The Senior Health Visitor, who took up duties in January 1963, is responsible for advising and assisting the Health Visitors in Health Education work generally, and has primary responsibility for Home Safety and Care of the Aged. The following is a summary of the work undertaken during the year.

Health Education

This has been carried on, as in previous years, by Health Visitors in the County both by personal contact in their daily visiting and in

the Child Welfare Clinics. Help has been given with displays, posters, leaflets, etc., and we now have a good film-strip library and projector with which the health visitors can illustrate their talks. Talks have been given throughout the County on many aspects of Health Education both in the clinics and to very many voluntary societies. "Mothercraft" classes are conducted weekly throughout the year in strategic areas in the County to enable most expectant mothers to attend. Attendance is good at the sessions though it is not possible for mothers in the more remote places to take advantage of this service.

Health Education in Schools

It is still not possible to do very much teaching of Health Education in schools owing to the nature of the health visitors' work — which in most areas also includes practical nursing. However, "Mothercraft" classes are established in some of the Girls' Secondary Modern Schools, and most of the head teachers would welcome "Parentcraft" classes for both girls and boys in their schools.

Home Safety

Many talks have been given and films and film-strips shown on this subject throughout the County during the year to voluntary societies, mothers' clubs, etc., and every effort has been made to make the public aware of the danger of accidents in the home. An encouraging fact is that some of the schools are now including this subject in The Duke of Edinburgh's Award Scheme in the "Service" section, and many children of the older-age group have been assessed for this award.

In September, a display tent was installed at the Kendal Agricultural Show and Home Safety displays and posters shown. Water Safety was also included and safety equipment demonstrated. Resuscitation methods were demonstrated throughout the day, and very many members of the public were taught the correct methods. Balloons bearing Home Safety slogans were distributed to children free of charge.

Old People

Work amongst old people continues to increase, and every effort is made to ascertain their needs and to act accordingly. Liaison is established between the hospital service and the Health Department, and domiciliary services brought into use when necessary when old people are discharged from hospital. The recent innovation of the Day Hospital at Kendal Green is most advantageous. The panel of voluntary visitors to lonely old people continues to operate well and the Housebound Club is proving very popular. Many older schoolchildren are visiting more old people and their willingness to help is more marked.

CONGENITAL DEFECTS

Arrangements, as requested by the Chief Medical Officer of the Ministry, were made for the person (doctor or midwife) notifying the birth of a child under Section 203 of the Public Health Act, 1936, to indicate whether any congenital defects were apparent at birth. In those cases in which defects are reported, an inquiry form provided by the Registrar-General is forwarded to the doctor on which he is asked to clarify the defect under one of the 100 standard headings given. The completed returns are subsequently forwarded to the Registrar-General, but a register of these cases maintained in the Health Department will enable the progress of the children concerned to be followed up.

During 1965 a total of 18 children with congenital defects were notified, of whom five were stillborn.

IMMUNISATION AGAINST DISEASE

There are now a number of diseases which can be prevented by various inoculations. Unfortunately, in order to secure the maximum protection, these injections require to be given singly and at various ages. With the result that the child becomes something in the nature of a pin cushion. In some cases it has been possible to combine several of these vaccines into a group so that, whilst not ideal, a considerable degree of protection can be afforded with the minimum number of injections.

Many different schemes of inoculations have been drawn up and in Westmorland we follow as closely as circumstances permit the scheme suggested by the Wellcome Foundation, and incidentally by the Ministry of Health. A specimen scheme is included here.

Scheme of Inoculations

Age for Inoculation.	
6th month	Triple (Diphtheria, Tetanus, Whooping Cough)
7th month	Triple (,, ,, ,,)
8th month	Triple (,, ,, ,,)
9th month	Poliomyelitis — Oral Vaccine
10th month	Poliomyelitis — Oral Vaccine
11th month	Poliomyelitis — Oral Vaccine
18th month	Triple booster
2 years	Vaccination (Smallpox)
School entry	Diphtheria and Tetanus
13 years	B.C.G.

In November 1964 the Ministry of Health intimated that it no longer intended to ask for details of vaccinations and immunisations carried out on persons over the age of sixteen years, and advised

local authorities that, in the opinion of the Ministry after consultation with representatives of local authorities and of the medical profession, there was no need for records in respect of persons over sixteen years old to be kept in future. Medical practitioners were informed accordingly.

A new consolidated return showing the different kinds of vaccine used and the numbers of persons vaccinated against each disease was brought into use in 1965, and is reproduced below.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1965

TABLE 1.—COMPLETED PRIMARY COURSES

(Number of persons under age 16)

Type of vacinne or dose	Year of birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple DTPP ..	47	116	7	2	1	—	173
2. Triple DTP ..	200	342	30	15	16	—	603
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	2	1	—	11	—	14
5. Diphtheria.. ..	—	—	—	—	—	—	—
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	1	—	—	—	8	9
8. Salk	—	—	—	—	—	—	—
9. Sabin	61	521	204	46	82	66	960
10. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria) ..	247	460	38	17	28	—	790
11. Lines 1 + 2 + 3 + 6 (whooping cough)..	247	458	37	17	17	—	776
12. Lines 1 + 2 + 4 + 7 (Tetanus)	247	461	38	17	28	—	799
13. Lines 1 + 8 + 9 (Polio)	108	637	211	48	83	66	1133

TABLE 2.—REINFORCING DOSES

(Number of persons under age 16)

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple DTPP	1	35	76	9	32	1	154
2. Triple DTP ..	—	22	34	9	64	13	142
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	3	4	4	116	32	159
5. Diphtheria	—	—	—	—	3	—	3
6. Diphtheria/Tetanus/ Salk	—	4	15	—	38	—	57
7. Tetanus	—	—	—	—	1	—	1
8. Salk	—	—	1	—	—	—	1
9. Sabin	—	2	8	1	537	220	568
10. Lines 1 + 2 + 3 + 4 + 5 + 6 (Diphtheria)	1	64	129	22	253	46	515
11. Lines 1 + 2 + 3 (Whooping cough)	1	57	110	18	96	14	296
12. Lines 1 + 2 + 4 + 6 + 7 (Tetanus)	1	64	129	22	251	46	513
13. Lines 1 + 6 + 8 + 9 (Polio)	1	41	100	10	607	221	980

DIPHTHERIA IMMUNISATION

This prophylaxis is given either by the County Council medical staff or the general practitioners, according as the parents choose, at about 6 months old, whilst all parents are urged to consent to their children receiving a reinforcing dose on attaining the age of five years.

In Kendal, which is the only town of any size in Westmorland, an immunisation clinic is held at monthly intervals throughout the year; booster injections of diphtheria antigen are given at the above-mentioned clinic and also at Infant Welfare Centres and following school medical inspection.

The success of this scheme may be judged from the fact that for the seventeenth successive year there were no cases of diphtheria notified amongst residents of the County.

Whilst it is generally held that, to provide the required security against diphtheria, about 75 per cent. of the children of school age should have been immunised within the last five years, it has not, in this County, been a routine practice to give booster doses at nine or ten years of age.

WHOOPING COUGH IMMUNISATION

Immunisation against Whooping Cough has been available under the Local Health Authority's services since 1950, when the Council amended its proposals to permit this; neither the Ministry nor the Authority have publicised this to the extent that the Diphtheria, Smallpox, Poliomyelitis, and to a lesser extent B.C.G., Vaccination facilities have been urged on the public. Nevertheless, an increasing number of children are receiving this form of protection, usually given in the form of combined vaccine giving protection against Diphtheria and Whooping Cough and, in many cases, Tetanus also.

VACCINATION AGAINST SMALLPOX

It is the duty of Health Visitors to urge all parents to have their children vaccinated during the first two years of life, and all medical practitioners in the County were given an opportunity of carrying out this treatment under the County Council's arrangements. A record of the treatment is usually sent to the County Medical Officer and fees are payable in respect of each report received.

Lymph is supplied free through the Public Health Laboratory Service and the Council has also taken power, in its proposals, to make such special arrangements as may be necessary in the event of a threatened epidemic of smallpox.

Details of vaccinations carried out during 1965 are:—

	Age at date of vaccination.							
	0-3 mnths.	3-6 mnths.	6-9 mnths.	9-12 mnths.	1 year.	2-4 yrs.	5-15 yrs.	Total.
No. vaccinated	52	78	26	33	212	73	15	489
No. revaccinated	—	—	—	—	—	7	32	39
								528

POLIOMYELITIS VACCINATION

The Poliomyelitis Vaccination Scheme was introduced by the Ministry of Health in January, 1956.

Since the beginning of 1963 the scheme has extended to cover all persons under the age of 40 years, together with certain other "priority groups," viz:— General practitioners, ambulance staff, medical students, nurses, dental surgeons, certain staffs of health departments, hospitals and dental practices, together with the families of these

persons, expectant mothers, and persons going abroad to countries outside Europe other than Canada or U.S.A.

All persons receiving Poliomyelitis Vaccine alone are now given Oral Vaccine, three doses of which comprise a course of primary immunisation, to be followed in the case of young children by a single reinforcing dose at or about the time of admission to school at five years of age.

A few general practitioners are using a quadruple vaccine, giving protection against poliomyelitis, diphtheria, whooping cough and tetanus. This vaccine, sold by one of the major drug manufacturers, has not however been recommended for use by the Ministry as yet.

The tables indicate that 1,133 courses of primary immunisation were completed during the year, and a total of 980 reinforcing doses were given.

Of 1,096 children born in 1964, the number known to have been immunised or vaccinated against the various diseases by the end of 1965 was:—

Diphtheria	...	767
Whooping Cough	...	698
Poliomyelitis	...	721

On the other hand, despite the advice of the Ministry that vaccination against Smallpox should be deferred until the second year of life, in 1965, 189 babies under one year were vaccinated, compared with 212 aged between one and two years. Taking account of the fact that relatively few children receive this treatment after they attain the age of two years, a total of 545 children vaccinated out of nearly eleven hundred born in 1964 is disappointing.

Despite the efforts of General Practitioners, Health Visitors, and the Health Department generally, it appears from these figures that about one in three parents fail to take advantage of the protection offered against these diseases. On the other hand, when health visitors are asked to check up on "defaulters" they are frequently informed by the parent that the child has already been immunised by the family doctor. What credence should be given to this information is doubtful — in some cases no doubt the family doctor has given treatment but has not troubled to send in the record, but it seems likely that, in some cases at least, this information is given to the nurse by a parent who does not care to admit that she just cannot be bothered to take the child to the doctor or clinic for treatment.

INFANT WELFARE CENTRES

The Local Health Authority provides 14 infant welfare centres, two of which are staffed by Health Visitors only, the remainder being attended by Local Health Authority Medical Officers. The clinics range in frequency from once weekly to once per month; Kendal is the only clinic which operates weekly, whilst two others operate fortnightly. The Local Health Authority provides no specialist's clinics; there are however ophthalmic, orthopaedic, paediatric and ear, nose and throat clinics run by the Regional Hospital Board to which mothers and children can have access. Owing to the scattered nature of the population many of the clinics tend to be small, but one feels that there is a definite need even for a small clinic. In Kendal, however, the numbers attending have risen to such an extent that additional sessions will probably be needed.

In addition to the arrangements outlined on the following pages for the distribution of Welfare Foods, the Local Health Authority has also made other dried milks and nutrients available at the Kendal Infant Welfare Centre, which acts as a mother centre to all the other clinics.

Details of Infant Welfare Centres in operation at the end of the year are given below:—

Area	Centre held at	Frequency of Sessions
Ambleside ..	British Legion Room ..	Monthly
Appleby ..	Old First Aid Post ..	Fortnightly
Bampton ..	Memorial Hall ..	Monthly
Bowness-on-W'mere	Rayrigg Room ..	,,
Burneside ..	Bryce Institute ..	,,
Grasmere ..	Reading Room ..	,,
Kendal ..	Health Services Clinic ..	Weekly
Kirkby Lonsdale ..	Institute Hall ..	Monthly
Kirkby Stephen ..	Youth Centre ..	Fortnightly
Milnthorpe ..	Parish Church Hall ..	Monthly
Shap ..	Methodist Chapel Hall ..	,,
Staveley ..	Working Men's Institute	,,
Tebay ..	Methodist Chapel Hall ..	,,
Windermere ..	St. John Ambulance Rooms ..	,,

Once again thanks are due to the local branches of the British Red Cross Society, the St. John Organisation and all other voluntary workers, for their assistance in the running of the Centres.

Attendance at Centres

	1963.	1964.	1965.
Under 1 year	3,207	3,131	3,060
Over 1 year	3,802	6,121	6,826
Average per session	27.2	36.1	36.8

DISTRIBUTION OF WELFARE FOODS

The Council is responsible for the distribution to expectant and nursing mothers and children under 5 years, of Welfare Foods, previously a function of the local offices of the Ministry of Food.

A main centre for this work was established at the Kendal Clinic, and other subsidiary centres throughout the county; some at welfare centres, others at the homes of District Nurses, others run by the various voluntary associations, and others by local shopkeepers. To all who have taken a hand in this work, the thanks of the authority and of the mothers are due.

The annual distribution figures for Welfare Foods during the preceding 10 full years during which the Local Health Authority has been responsible for distribution are given in the following table:—

Year.	National Dried Milk. Tins.	Cod Liver Oil. Bottles.	Vitamin Tablets. Packets.	Orange Juice. Bottles.
1955 ...	34,430	8,858	3,089	38,822
1956 ...	33,108	7,676	3,251	40,079
1957 ...	25,768	7,198	3,502	41,824
1958 ...	20,894	4,301	2,924	24,875
1959 ...	20,202	4,218	3,420	26,212
1960 ...	18,117	4,271	3,404	24,017
1961 ...	14,990	2,894	2,706	15,564
1962 ...	15,423	1,263	1,761	10,513
1963 ...	14,595	1,108	1,679	12,204
1964 ...	13,135	1,092	1,634	12,966

The quantities distributed during 1965 were:—

Period.	National Dried Milk. Tins.	Cod Liver Oil. Bottles.	Vitamin Tablets. Packets.	Orange Juice. Bottles.
1st Quarter ...	3,349	316	460	3,157
2nd Quarter ...	3,296	224	409	3,752
3rd Quarter ...	2,884	281	381	3,301
4th Quarter ...	3,056	308	380	3,120
Total for Year ...	12,585	1,129	1,630	13,330

Increases in the price of National Dried Milk and Orange Juice and the imposition of charges for Vitamin Tablets and Cod Liver Oil would appear to be the reason for the noticeable fall in the quantities distributed from time to time.

Whilst a more varied and adequate diet is certainly available than was the case when these supplements were first issued during wartime, it has been generally accepted that they have contributed in no small measure to the health of the young children, and it remains to be seen whether the same high standard will be maintained without them.

In addition to the commodities referred to above, a fairly wide selection of proprietary infant foods and vitamin supplements is available at the Kendal Clinic for purchase at favourable rates. Foods to the value of £2,593 were disposed of during the 1965/6 financial year.

CHIROPODY

At the end of April, 1960, the approval of the Ministry was received to the Council's proposals to provide a Chiropody Service. The approved proposals are as follows:—

> The Council will provide a chiropody service by utilising the services of qualified chiropodists or by aiding voluntary bodies willing to assist in the provision of the service.
>
> Priority will be given to the elderly, physically handicapped and expectant mothers.
>
> The services will initially be based on Kendal and will be extended as circumstances permit to the remainder of the County. The frequency of the service to be provided in any particular part of the County will depend on the demand for the service and the availability of qualified chiropodists.
>
> Where possible use will be made of the Council's clinics, but use will also be made of other suitable premises, including chiropodists' own surgeries, and domiciliary visits will be paid where necessary.

Detailed enquiries as to demand for the service and the availability of chiropodists qualified within the meaning of the N.H.S. (Medical Auxiliaries) Regulations, 1954, were immediately made, but owing to the unwillingness of chiropodists generally to accept the scale of fees proposed by the employers' side of the Whitley Council, it was impossible to get the service into operation until March 1961, when an interim agreement was reached locally.

The work is at present carried out by a full-time chiropodist who undertakes all surgery and domiciliary work in the Kendal, Lakes, and South Westmorland areas, whilst two part-time chiropodists deal with the cases in the extreme north of the area. There seems little doubt that the increasing demands on the service will require the appointment of a second full-time chiropodist in the fairly near future.

UNMARRIED MOTHERS AND THEIR CHILDREN

The Superintendent Nursing Officer is responsible for investigating and advising these cases, but it should be noted that by no means all unmarried expectant mothers come to her notice; some are dealt with entirely by the Diocesan Moral Welfare Workers, whilst in other cases the girl's family are able, and willing, to make all necessary arrangements for the confinement and subsequent care of the baby.

Births of Illegitimate Children notified	34
Confinements in:—	
Mother's own home	3
Helme Chase Maternity Home	26
Penrith Maternity Home	—
City Maternity Hospital, Carlisle	2
Other addresses	3
Disposal of Infants:—	
Mother keeping baby	23
Baby in care of grandmother	2
Died	3
Adopted	2
Left district	4

Institutional accommodation for these cases is provided under arrangements made with the undermentioned voluntary homes:—

St. Monica's Maternity Home, Kendal

The Home possesses 21 maternity beds, and during the year 68 maternity cases were admitted, for seven of whom the Westmorland County Council assumed financial responsibility.

Sacred Heart Maternity Home, Brettargh Holt, Kendal

This Home has 38 maternity beds, and during the year 142 maternity cases were admitted, for two of whom the Westmorland County Council were asked to assume financial liability.

In the case of both the Homes the apparently low number of admissions relative to the number of beds is largely explained by the fact that patients are admitted at least a month before confinement and retained for at least six weeks afterwards, so as to afford an opportunity for the making of arrangements for the care of the babies.

Cases are also sent to Mother and Baby Homes outside the County when these seem appropriate to the circumstances of particular cases, and in an increasing number of such cases the Diocesan Moral Welfare Workers are now recommending this.

CARE OF PREMATURE INFANTS

The following Table gives details of premature infants born to Westmorland mothers during 1965:—

Born in Hospital:	
Stillbirths	10
Live Births	54
Died within 24 hours of birth	5
Died between 1 and 7 days of birth	2
Survived 28 days	47
Born at Home or Nursing Home	
Stillbirths	—
Live Births nursed entirely at home or nursing home	2
Died within 24 hours of birth	1
Died between 1 and 7 days of birth	—
Survived 28 days	1
Live Births transferred to Hospital	1
Died within 24 hours of birth	—
Died between 1 and 7 days of birth	1
Survived 28 days	—

REGISTRATION OF NURSING HOMES
(Sections 187 to 194 of the Public Health Act, 1936)

There were six registered homes at the end of the year, providing beds for 59 maternity patients and 64 other patients. They have been inspected at regular intervals.

In August 1963, the Minister of Health made "The Conduct of Nursing Homes Regulations, 1963", which enable registration authorities to ensure that standards of accommodation, staffing, equipment and facilities generally are appropriate to the type of work done, and the kind of patients accommodated in the home. The authority is also enabled to prescribe the number of patients (both in total, and of any particular type) who may be kept in the home at any time.

These Regulations fill a long-felt need in the field of Nursing Homes Registration, as under the provisions of the Public Health Act, 1936, it was almost impossible to exert any form of control over a Nursing Home once it had been registered.

It is pleasing to be able to report that such changes as were felt to be necessary in the Nursing Homes registered by this Council were in general agreed with the proprietors without resorting to the formal procedure provided for in the Regulations.

The conditions of all the homes were generally satisfactory, and in some cases really excellent.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

REPORT OF PRINCIPAL DENTAL OFFICER

During 1965, 79 sessions were devoted to the treatment of mothers and young children. This represents an increase in time of almost one-third from the previous year, and the amount of work done for these patients shows a proportionate increase, with a pleasing decrease in the numbers of extractions done for, and general anaesthetics administered to, the pre-school children.

My thanks to the nursing staff, as always, for their continued help and co-operation in referring patients and for their constant dental health education of these priority groups by increasing their awareness, where necessary, of the advantages of regular dental attention.

M. D. McGARRY.

TABLE A

	Examined.	Commenced Treatment.	Made Dentally fit.
Expectant and Nursing Mothers	75	69	64
Children under 5 years	262	82	77

TABLE B

	Scaling and Gum Treatment.	Fillings.	Silver Nitrate.	Crowns and Inlays.	Extractions.	General Anaesthetic.	Denture.		Radiographs
							Full.	Part.	
Expectant and Nursing Mothers	12	212	—	1	84	—	5	9	10
Children under 5 years	—	144	35	—	29	6	—	—	—

DOMESTIC HELP SERVICE

When preparing their proposals under the National Health Service Act the Council, on the advice of the Minister, took advantage of their power under Section 29 of the Act, to provide a Domestic Help Service, available as far as workers can be obtained to the categories of household specified in the Act. Statistical details are shown in Table II on page 50.

The work of the service during 1965 has varied little in volume from that of the previous year. Although a lesser number of new cases were taken on (170, as against 182 in 1964), a greater total number of people received help (402, as against 377 in 1964). This was because of increasing numbers of elderly people needing help, mainly on a long-term basis; these numbers increased from 269 in 1964 to 291 in 1965. There was also an increase in the number of maternity cases.

Of those patients who ceased to receive help, 65 did so because they recovered and no longer needed help. This figure includes 37 maternity cases. 29 people receiving help died, 36 went to the care of relatives, to hospital or to Part III accommodation, etc., and 22 patients made their own private arrangements after receiving home help. Where people can financially afford to make their own arrangements it is to the advantage of the service to assist them to do so as it relieves the Home Help Service for emergency work and allows us to provide more generous help for patients in modest financial circumstances. Naturally, help is not refused to those in a more prosperous way, but they are encouraged to make their own arrangements where possible. In actual fact, since the full cost charge was increased to 5/6d. per hour, as from 31st May, 1965, more patients have tried to make their own arrangements, although this sometimes proves impossible owing to a shortage of suitable local labour.

There has not been any overall increase in the number of Home Helps employed; in fact, at the 31st December, 1965, the total number of part-time helpers employed was 59 as against 63 at the same time in the previous year. However, those employed averaged a greater number of hours and there was some increase in the hours of work undertaken.

It is becoming increasingly difficult to recruit women with a high standard of work for Home Help duties. This is natural in an area where there is full employment. Home Help work is sometimes unpleasant and often exhausting — both physically and mentally — and there are far more attractive domestic jobs to be obtained at similar or even higher rates of pay. However, the service is fortunate in having so many workers who have a real interest in their work, and this makes their efforts all the more valuable.

MIDWIVES' ACT

Total number of Midwives practising at the end of the year . .	. .	51
District Nurse Midwives	. .	35
Midwives in Institutions and in Private Practice, viz:—		
(a) Westmorland County Hospital	—	
(b) Helme Chase Maternity Home	11	
(c) St. Monica's Maternity Home, Kendal	3	
(d) Brettargh Holt	2	
(e) Private Practice	—	
	—	16

Midwives' Notification Forms received during 1965 were as follows:—

Sending for Medical Aid	23
Stillbirth and death	13
Having laid out a dead body	—
Liability to be a source of infection	—

CARE OF BLIND PERSONS

Under the National Assistance Act, 1948, the County Council no longer has the power to give financial assistance to blind persons, but it is required to "make arrangements for promoting the welfare" not only of blind persons but also of the partially-sighted. Administrative responsibility for this work devolves upon the Council's Social Welfare Department, but the County Medical Officer is responsible for advising the Committee on "all matters relating to health or medical services arising in connection with the Council's functions under the Act . . . including, in particular, arrangements for the medical examination of applicants for registration as blind persons."

All such applications are referred for examination to one of the specialist ophthalmologists with whom the Council has entered into arrangements for this work, and during 1965 43 such cases were referred, of whom 29 were certified as blind, 11 as partially-sighted, and 3 found to be neither blind nor partially-sighted.

The total number of persons on the Council's register on 31st December, 1965, was 170 blind and 22 partially-sighted.

The following Tables relating to the causes of blindness and treatment obtained for certain conditions is included at the request of the Ministry of Health.

Follow-up of Registered Blind and Partially-Sighted Persons

	Cause of Disability.			
	Cataract. (1)	Glaucoma. (2)	Retrolental Fibroplasia. (3)	Others. (4)
(i) No. of cases registered during the year in respect of which Section F of Form B.D.8 recommends:—				
(a) No treatment ..	5	2	—	9
(b) Treatment (medical, surgical or optical)	8	3	—	11
(ii) No. of cases at (i) (b) above which on follow-up have received treatment ..	2	2	—	4

Note: Of the persons not having obtained treatment two have died since certification.

MENTAL HEALTH

As advised in Ministry of Health Circular 100/47, the Health Committee has appointed a Mental Health Sub-Committee to deal with its functions, under Section 57 of the National Health Service Act, and, so far as they relate to mentally-disordered persons, under Section 28 of that Act.

The Sub-Committee is now constituted as follows:—

Chairman and Vice-Chairman of the Health Committee ...	2
Members of the Health Committee (being members of the County Council)	10
Members of the Management Committees of Psychiatric Hospitals	4
Nominated by Westmorland Executive Council ...	1
Others (whether members of the Health Committee, or the County Council, or neither)	3
	20

Certain preliminary provisions of the Mental Health Act, 1959, having been brought into operation at earlier dates by Statutory Instrument, the main parts of the Act became operative on 1st November, 1960.

In general, the repeal of the Lunacy and Mental Deficiency Acts abolishes the old terminology, e.g. "lunatic" and "mental defective", the new Act laying down instead a widely defined term, "mental disorder", within which four categories are defined: (a) mental illness; (b) arrested or incomplete development of mind; (c) psychopathic disorder; and (d) any other disorder or disability of mind. The classification now depends almost exclusively on medical criteria, and whilst it is intended that the majority of cases admitted to hospital under the Act will do so with no more formality than they would enter hospital for a physical illness, provision is made for compulsory admission and detention of cases when this is necessary to override the unwillingness of the patient or his relatives.

Whilst it is open to the general practitioner to arrange informally for the admission to hospital of a patient, or for the "nearest relative" to make formal application, it is found in practice that the Mental Welfare Officers (formerly Duly Authorised Officers) are called upon, in the majority of cases, to make the necessary arrangements, and in many cases to convey the patients there.

Compulsory admission and detention is now based on an "application" for admission founded on the certificate of two medical practitioners, one of whom must have been approved as having special experience in the diagnosis or treatment of mental disorder. The magistrate no longer has any part in this matter, although the Courts may, under certain circumstances, authorise the compulsory admission to hospital or guardianship of persons convicted of criminal offences, if the Court is satisfied, on the evidence of two medical practitioners that the person is suffering from mental disorder.

Mental Health Review Tribunals have been set up for the purpose of reviewing, on application by the patient or his nearest relative, the case of patients compulsorily detained, with the duty to discharge those patients whose continued detention is no longer justified.

The service appears to be working smoothly, and it is particularly pleasing to be able to report that few difficulties have been experienced in securing admission of mentally ill patients to hospital.

In the course of the year admissions to hospital of patients were as follows:—

	Males.	Females.	Total.
Garlands Hospital, Carlisle ...	6	19	25
Lancaster Moor Hospital ...	47	76	123
	53	95	148

The shortage of beds for cases of severe subnormality is still acute, but even if a permanent bed cannot be obtained, the co-operation of the Medical Superintendents usually ensures the provision of temporary accommodation where there is a pressing need.

Training Centre

The Centre, which has operated in Kendal since 1949, has since September 1964 been open five days per week, the terms coinciding with those fixed by the Local Education Authority for the local primary schools. The Centre caters for both sexes and all ages of patients. In order to widen the scope of the work an Assistant Supervisor and a domestic assistant have been added to the staff, and few cases are now found too troublesome for admission.

With a view to providing the more comprehensive centre service envisaged under new legislation, the Committee had hoped to commence building a new centre in Kendal during the financial year 1961-62 to cater for 50 patients, but difficulties regarding the site have resulted in protracted delays.

AMBULANCE SERVICE

The Ambulance and Sitting Case Car Service continues efficiently. The two services are run separately; the Ambulance Service is under the direct control of the Ambulance Officer who is also the Chief Fire Officer, while the Sitting Case Car Service is run directly by the Health Department.

Details of the sitting case car work done during the year, and for comparison figures for the preceding four years, are given below:—

Year.	No. of Patients.	No. of Journeys.	Total Mileage.
1965	36,340	11,352	400,930
1964	28,243	10,434	374,654
1963	25,961	10,662	379,422
1962	27,263	10,551	368,369
1961	28,117	9,829	364,959

This year the number of patients, number of journeys and total mileage are the highest figures ever recorded, exceeding for the first time thirty thousand, eleven thousand and four hundred thousand respectively. The acceptance of this number of requests and the allocation of journeys (an average of 45 per working day) is a formidable task for the office staff. Much of this work must, of necessity, to secure economy, be crowded into the last one and a half hours of the day, and it is, in all the circumstances, surprising that this particular service gives rise to so few complaints from the public.

EXTRACT FROM THE ANNUAL REPORT OF THE COUNTY AMBULANCE OFFICER

This annual report for the year ending 31st December, 1965, covers the seventeenth year that the Ambulance Service has been under the control of the County Council. Some indication of the growth of this service is shown by the following figures:—

	1949.	1950.	1955.	1961.	1965.
Patients carried ...	1,642	2,119	3,279	3,387	3,942
Miles run ...	68,821	82,351	84,271	79,980	90,053
Whole-time staff					
Kendal ...	3	5	5	7	7

The growth in patients carried and mileage run is largely confined to the southern and western areas of the County. The figures for the north have changed little since the service began.

The introduction of vehicles at Kendal equipped to carry two patients in comfort, together with two-way wireless communication, has kept the mileage down and made fuller use of the staff.

Prolonged sickness by one of the whole-time drivers at Kendal caused considerable strain on the service there and emphasized the need for additional staff.

One new Bedford dual-purpose ambulance was placed in service at Kirkby Stephen during November, replacing an older vehicle which was taken over by the County Surveyor's Department.

The condition of the vehicles is generally good though the ambulance at present at Appleby should be replaced during 1967. Statistics for 1965 are given in the Appendix on page 34.

EXTRACT FROM THE ANNUAL REPORT OF CHIEF INSPECTOR OF WEIGHTS AND MEASURES, 1965

Food and Drugs Administration

That part of the Food and Drugs Act, 1955, for which the County Council is the responsible Food and Drugs Authority within the County, relates mainly to protection services for the ultimate purchaser. These are designed to prohibit the addition of harmful substances to food offered for sale and to ensure that the purchaser is unlikely to be prejudiced as to the description under which such food is sold. The use of colouring matter, preservatives or other substances used as additives in food is controlled by limitations imposed by standards of composition defined by statutory orders or regulations in respect of certain foods.

AMBULANCE SERVICE

CALLS

Station	No.	Patients Carried: Infectious	Accidents	Maternity	Others	Total Patients	Patient Carrying Journeys	Abortive and Service Journeys	Total Journeys	Mileage
Kendal ..	4	13	396	251	2794	3454	2413	70	2483	64274
Ambleside ..	1	2	72	5	74	153	139	7	146	5231
Appleby ..	1	—	28	13	145	186	159	16	175	11026
K.Stephen ..	1	—	37	13	99	149	127	6	133	9522
	7	15	533	282	3112	3942	2838	99	2937	90053
1964 ..	7	19	544	314	3160	4037	2856	89	2945	91394
1963 ..	7	23	561	335	3112	4031	2826	56	2882	82877

Average miles per journey:—

	1965	1964	1963
Kendal	25.89	25.2	23.13
Ambleside	35.83	34.26	32.45
Appleby	63.00	65.07	68.14
Kirkby Stephen	71.59	76.00	79.8

1965	1964	1963
30.66	31.03	28.76

On behalf of the Lancashire County Council 62 journeys were carried out with a mileage of 2,276.

VEHICLES

Station	Make	Reg. No.	Year	Mileage at 31 Dec. 1965	Condition
Kirkby Stephen	Bedford	BJM765C	1965	1599 ..	Very good
Kendal	Morris	LJM 8	1963	25170	Very good
Kendal	Morris	JEC 6	1962	62019 ..	Good
Kendal	Dennis	882 SPH	1961	23609	Good
Kendal	Morris	HEC 420	1960	104690 ..	Good
Ambleside	Morris	FJM 890	1959	110091 ..	Fair
Appleby	Bedford	FEC 516	1958	84365 ..	Fair

This report also deals with duties allied to that part of the Food and Drugs Act for which the County Council is responsible.

A substantial proportion of the time spent on work under this heading is in relation to milk sampling duties. A daily total of about 121,000 gallons of milk is received at three main collecting centres in the area and this milk is used either for manufacturing purposes or despatched to bottling centres outside Westmorland. Milk for retail sale in the County is bottled mainly at about 233 smaller dairies at farms and other places in the area and distributed by 334 authorised retailers, of whom 53 obtain supplies of pasteurised milk and 5 obtain supplies of sterilised milk for re-sale.

The total number of samples obtained comprises:—

488	— milk to Public Health Laboratory Services: Milk (Special Designation) Regulations;
59	— milk to Public Health Laboratory Services: Milk in Schools Scheme;
710	— milk tested by Sampling Officers: Food and Drugs Act, 1955;
23	— milk, from a corresponding milking, to Public Analyst: Food and Drugs Act, 1955;
107	— mainly of food or substances used in the preparation of food } to Public Analyst: Food and Drugs Act, 1955.
1,387	

The results of samples examined by the Public Analyst may be summarized as:—

Milk	— Appeal to cow	—
	— Genuine	5
	— Genuine but below standard in solids not fat ...	12
	— Deficient in fat	2
	— Deficient in fat and low in solids not fat ...	1
	— Containing added water	3
	(Number of milk samples 10% or more deficient in fat — Nil).	
	(Number of milk samples containing more than 3% added water — 1).	—
		23
Other than milk	— Genuine	90
	— Unsatisfactory or irregular in some respect	17
		130

Unsatisfactory Samples

Milk

Two glasses of milk purchased at a transport café contained at least 7% of added water. Legal proceedings resulted in the seller being fined £5 and ordered to pay £6. 19s. 6d. costs.

Dairymen were interviewed in respect of other samples of milk found to be irregular in some respect, and repeat samples indicated an improvement in quality.

"Aspirin Tablets"

Contained 324 milligrams acetylsalicylic acid per tablet. The standard from 1st January, 1966, changed from 5 grains to 300 mgm. (Limits: 285-315 mgm.), and the irregularity is probably a result of changing over from the Imperial to the Metric system. (5 grains = 324 milligrams.)

Prepacked Dried Fruits

Complied with the description, but the statement of ingredients printed on the container did not list the contents in the correct descending quantitative order.

Pie containing Meat

A meat pie contained 17½% meat, a steak pie contained 20% meat, and a steak and kidney pie contained 18.6% meat, equivalent to 0.92 ounces of meat. The recommended minimum meat content for cooked meat pies is either 25% or not less than 1 ounce of meat in a pie weighing between 4 and 5½ ounces. Three meat and potato pies contained meat in proportions of 5.7%, 9.7% and 11% respectively. The recommended minimum meat content for meat and vegetable pies is 12.5%. The respective manufacturers on interview agreed to revise batch mixtures to comply with the recommended standards.

Milk Bread

One loaf, sold in response to a request for milk bread, contained no milk solids; two others contained skimmed milk solids, all possessed a reasonably high content of non-milk fat. Bread sold as milk bread is required to contain not less than 6% of whole milk solids and, following a request for milk bread, is deemed to be sold as bread of that kind unless the purchaser is clearly notified to the contrary. The shopkeeper, in each instance, claimed the irregularity was due to a shop assistant failing to carry out instructions.

Pineapple-Grapefruit Juice Drink (Canned)

Contained only 4.6 mgms. Vitamin C per fluid ounce (5 mgms. declared on wrapper). Canners claim this could be an isolated instance.

Prunes (Canned)

Two samples contained tin in proportions of 360 and 435 parts per million. The recommended maximum limit is 250 parts per million. The local wholesaler re-called from retailers all canned prunes with code marks identical to those on the cans sampled.

Soft Drink Powder

Two samples declared to contain Quillain as an ingredient. Quillain, used as a frothing agent, is regarded as an undesirable ingredient for internal use. As a result of representations made, the manufacturers have ceased to use Quillain in this product.

Pork Sausage

Contained 62.5% meat. Local manufacturer has agreed to increase the meat content of pork sausage to not less than the recommended minimum of 65% meat.

Foreign Bodies in Food

Complaints were received from two purchasers, each buying pies from the same shop on different days. One concerned a meat pie containing part of a cigarette and the other a meat and potato pie containing part of a cigarette. Legal proceedings were instituted, and the defendants, being the maufacturers and the retailers, pleaded guilty to charges of selling food not of the substance demanded. Fines totalling £10 and costs of £3. 3s. were imposed.

Milk in Schools Scheme

Samples, in accordance with a request from the County Medical Officer, have been obtained from consignments of milk supplied to schools. It has not been practicable to visit each school, but at least one sample was procured from milk delivered by each supplier of "school milk". Our records list 115 schools, of which 98 receive milk in $\frac{1}{3}$-pint containers; 9 receive milk in pint bottles, and 5 schools are supplied with milk in churns.

"Pasteurised" milk is supplied to 63 schools and 49 schools receive "Untreated" milk.

Fifty-nine samples were sent for examination and the results are summarized as:—

Type of Milk	Samples taken	Methyl. Blue Test		Phosphatase Test		b. abortus culture isolated
		Pass	Fail	Pass	Fail	
Untreated	43	40	3	—	—	—
Pasteurised ..	16	16	—	16	—	—
	—	—	—	—	—	—
	59	56	3	16	—	—
	—	—	—	—	—	—

Milk (Special Designation) Regulations

Only milk to which one of the special designations apply may normally be sold by retail, but having regard to the difficulty of obtaining designated milk in remote rural areas the Ministry of Agriculture, Fisheries and Food have issued "consents" to dispense with this requirement in relation to retail sales of milk to certain persons named as customers of the dairymen concerned. Twenty-five such "consents" were in operation on the 31st March, 1966.

The special designations are for raw milk "UNTREATED" and for heat-treated milk, "PASTEURISED", "STERILISED" and, as from 1st October, 1965, "ULTRA HEAT TREATED". Authorization for the use of such special designation, by milk dealers other than producers, is by licence granted by the County Council as the Food and Drugs Authority. All such licences in force on 31st December, 1965, either expired on that date or were renewed for a further period of five years. The number of dealers holding such licences at 31st March, 1966, was 112. One dealer holds a milk dealer's (Pasteuriser's) licence. The milk pasteurising equipment used is of the most modern type available and includes automatic recording of the times and temperatures at which the milk is processed and provides for automatic flow diversion of milk not reaching the temperature required for complete pasteurisation. The plant and records are inspected regularly and no irregularities in processing have been recorded.

The conditions of a dealer's licence include a requirement that milk to which the designation "Untreated" or "Pasteurised" is applied shall satisfy a Methylene Blue test and that heat-treated milk shall satisfy the Phosphatase test for "Pasteurised" milk or the Turbidity test for "Sterilised" milk or the Colony Count test for "Ultra Heat Treated" milk. Samples procured for this purpose were sent for examination by the Public Health Laboratory Services and the results are summarized as:—

Type of Milk	Number of Samples	Methylene Blue Test			Phosphatase Test			Turbidity Test	Brucella abortus culture
		Pass	Fail	Void	Pass	Fail	Void	Pass	isolated
Ultra Heat Treated ..	—	—	—	—	—	—	—	—	—
Sterilised ..	9	—	—	—	—	—	—	9	—
Pasteurised ..	132	127	1	4	128	2	2	—	—
Untreated ..	347	288	38	21	—	—	—	—	3
	488	415	39	25	128	2	2	9	3

The three samples declared as positive on the test for b. abortus came from different sources; repeat samples proved to be negative.

CANCER TREATMENT

The following details have been supplied by courtesy of the North Lancashire and South Westmorland Hospital Management Committee:—

Number of Clinics held at Kendal during the year ending 31st December, 1965	... ...	12
,, New Cases seen	... ...	68
,, Follow-up Cases seen	... ...	493

The only duty now remaining to the County Council under the Cancer Act concerns the prohibition of advertisements relating to the treatment of cancer and to the sale of articles for use in the treatment thereof. The actual treatment of this condition now forms part of the general hospital and specialist services which it is the duty of the Regional Hospital Boards to provide.

Deaths from Cancer, 1964 and 1965

	1964.			1965.		
	Males.	Females.	Total.	Males.	Females.	Total.
Urban Districts	56	32	88	39	49	88
Rural Districts	25	41	66	24	47	71
		Grand Total	154		Grand Total	159

TUBERCULOSIS

The Tuberculosis work in the County is now divided between the Manchester and Newcastle upon Tyne Regional Hospital Boards, the former being responsible for Kendal Borough, Windermere Urban District, Lakes Urban District and South Westmorland Rural District, whilst the latter is responsible for Appleby Borough and North Westmorland Rural District.

The co-ordination of the prevention and treatment aspects of the tuberculosis problem is secured through the arrangements made by the Local Health Authority under which the Consultant Chest Physicians employed by the Manchester and Newcastle upon Tyne Regional Hospital Boards act as the Council's Tuberculosis Officers for the parts of the County falling under their jurisdiction for diagnostic and treatment purposes. The Chest Physicians give general directions to the work of the Tuberculosis Visitors.

The County Council has also agreed to accept financial responsibility for cases where admission to a rehabilitation colony or village settlement is recommended by the Tuberculosis Officers, but it is many years since this was found necessary.

Since 1949 B.C.G. vaccination has been available under arrangements with, and on the advice of, the Chest Physicians to contacts who appeared particularly susceptible to the disease, and during 1965 48 contacts were tested and 46 were vaccinated. This latter figure includes a number of newborn infants vaccinated without any preliminary skin test.

Since the Spring of 1955 B.C.G. Vaccination has been available to schoolchildren between their thirteenth and fourteenth birthdays in accordance with the suggestions of Ministry of Health Circular 22/53, and from May 1959 this was extended to all young persons in attendance at schools or other educational establishments.

Owing to the fact that the tests must be read at 72-hour intervals, the arrangement of a programme of this work so that it does not interfere seriously with other arrangements such as regular clinics, committee meetings, etc., nor clash with school holidays, functions and examinations, is a matter of the utmost difficulty, and has become increasingly so with the advent of the poliomyelitis vaccination campaign. The cessation of post-vaccination testing and the use of freeze-dried vaccine has however gone some way to simplifying the work.

The following Table gives details of the work done under the scheme during 1965:—

Number Skin Tested.	Found Positive.	Vaccinated.
440	18	442

A significant feature of this work is the almost uninterrupted fall in the number of children showing a positive reaction to the test (indicating that they have previously been exposed to infection) since the commencement of the scheme, as shown in the following Table:—

Year.		Percentage of children found positive.
1955	...	34
1956	...	25.6
1957	...	27.6
1958	...	20.8
1959	...	14.3
1960	...	15.6
1961	...	10.7
1962	...	7.8
1963	...	7.9
1964	...	4.6
1965	...	4.1

TUBERCULOSIS

In the following Table are the figures for the notifications of, and deaths from Tuberculosis in 1965:—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	1	—	—	—	—	—	—
15	1	—	—	—	—	—	—	—
25	3	2	—	—	—	—	—	—
35	2	—	—	2	—	—	—	—
45	2	—	—	1	—	—	—	—
55	2	—	—	—	—	—	—	—
65	—	—	—	2	1	—	—	—
75	—	—	—	—	1	—	—	—
1965	10	3	—	5	2	—	—	—
1964	9	6	—	2	—	—	—	—

TUBERCULOSIS AND OTHER CHEST DISEASES NORTH WESTMORLAND

Introduction

The Chest Centre statistics for 1965 show comparatively little alteration from those of 1964. The number of new cases of active pulmonary tuberculosis has again declined — 34 compared to 52 in 1964. The active tuberculosis register for the whole of the area covered by the East Cumberland Hospital Management Committee area numbers 424, but, if one includes the number of cases of tuberculosis presumed healed but still under supervision, this figure amounts to 1,248. On the 34 new cases of pulmonary tuberculosis the diagnosis was confirmed bacteriologically in 50%. 10 new cases of non-pulmonary tuberculosis were notified compared to 12 in 1964. There is evidence, however, that this is not a true picture as we have continuing evidence of failure to notify some non-pulmonary tuberculous disease. This is a great pity as it hampers the Chest Centre investigation of contacts and the possible finding of an infectious case.

The picture as far as lung cancer is concerned is also a little more hopeful. Last year only 54 new cases came to our notice compared to 80 new cases in 1964. Of the new cases, 7 were admitted to the Thoracic Unit for surgery, whilst in the remainder palliative treatment of one kind or another was used. The Cytotoxic Drug Therapy Trial in bronchial carcinoma still continues, but it will be some time yet before any conclusions from this can be drawn. The death rate from bronchial carcinoma remains high. Whilst the number of new cases of bronchial carcinoma has diminished, there has been, unfortunately, an increase in the number of cases of cancer of other sites presenting with secondary manifestations in the chest, chiefly pleural effusions. The most common primary site of these latter cases has been in the breast.

Bronchitis, emphysema and asthma are the chief conditions found in patients coming to the Chest Centre. Many patients present no chest abnormality radiologically, but are usually referred because of a recent infective illness or because of some urgent symptoms such as haemoptysis. Haemoptysis is a frequent indicator of chest disease, and as such should be regarded seriously until clinical and X-ray examinations, and perhaps even bronchoscopic examination, have excluded the possibility of pathology. Once this has been done there is usually no need to keep such patients under continuous supervision.

Chronic bronchitis remains the chief pulmonary cause of morbidity amongst the population. "Colds" which include both bacterial and viral causes and are often interpreted as such when the chronic bronchitic has his recurrent attacks, are responsible for roughly a quarter of the total incapacity for work in this country. The infective element, super-added to the hypertrophy of the mucus secreting

structures of the bronchial tree with its excessive secretion, soon results in a greater or lesser degree of endo-bronchial obstruction. The majority of the chronic bronchitic patients when first seen at the Chest Centre already show symptoms and signs of endo-bronchial obstruction, and treatment is long and arduous and not always successful.

Cigarette smoking is deeply involved not only in the aetiology of both bronchial carcinoma and chronic bronchitis but also in peptic ulcer and coronary thrombosis. The evidence for the relationship of smoking and chronic bronchitis has been well summarized in the past in reports both in this country and in America. Cigarette smokers have more frequent recurrent infections and more frequent symptoms such as cough and sputum, and altogether have diminished respiratory reserves as shown by spirometry tests. Smokers die of chronic bronchitis and emphysema six times more frequently than non-smokers. *To stop smoking cigarettes is the single most effective measure* in the prevention of chronic bronchitis and bronchial carcinoma. There are two essentials, a convinced doctor and a determined patient. Our experience suggests that one can induce one in three patients to stop smoking just by advising them to do this. For a patient merely to cut his cigarette consumption to a lower level is not at all satisfactory; as often as not, in a short time, his consumption gradually reaches its previous level. Anti-smoking clinics and campaigns have so far shown little success. Perhaps more intensive education of school-children on the relationship of cigarette smoking to lung cancer and chronic bronchitis might be more rewarding.

Sarcoidosis, other collagen diseases, and "Farmer's Lung" are responsible always for an appreciable number of patients. The aetiological problems of sarcoidosis, particularly with reference to the Mantoux test, are becoming more complicated. There appears to be some association between a positive Kveim test which has been claimed as specific of sarcoidosis and the persistent negative Mantoux test after B.C.G. vaccination. The Kveim test itself is subject to marked variations when different observers assess whether this test is positive or negative. There are a certain number of children who have attended the Chest Centre and who have had B.C.G. at school who have failed to convert from Mantoux negative to Mantoux positive. We have not so far, however, carried out any Kveim tests on these children.

"Farmer's Lung" has been scheduled as an industrial disease since last summer and the diagnosis of this condition can be fairly easily established on clinical and laboratory evidence. Unfortunately there does not appear to be any specific cure for this disease and prevention is not entirely easy. The condition is essentially an allergic reaction to an organism which is common in musty or dusty hay, or other cereals.

Pepys, who has placed the diagnosis of the condition on a sound footing, has since shown that similar allergic reactions occur in persons who keep budgerigars and pigeons where the person becomes allergic to antigens in the excreta of the birds. This condition, known as "Bird Breeder's Lung" or "Bird Fancier's Lung", can be diagnosed by precipiten tests in much the same way as "Farmer's Lung". These hypersensitive states are entirely distinct from asthma and are often difficult to recognize. "Farmer's Lung" appears to be particularly common in the Westmorland and Penrith parts of this area. In many cases the clinical history is strongly suggestive of the condition, but when a patient first attends at the Chest Centre the X-ray may be entirely negative. Masks have been advised for use whilst working in dusty hay, but these are not entirely satisfactory as the spores of the organisms concerned are only one micron in diameter and this size makes it very difficult for an effective mask to be produced. "Farmer's Lung" and "Bird Fancier's Lung" essentially involve the peripheral regions of the bronchial tree rather than the bronchi themselves which are involved in asthma.

The total number of patients seen at the Chest Centre last year dropped from 12,082 to 11,036, this decrease being almost entirely accounted for by the decreased number of tuberculosis contact examinations. We now only have four sessions of physiotherapy time, and full use is made of these facilities.

The static Mass Radiography Unit has continued to function continuously throughout the year. The number of persons passing through this unit number 6,202 compared to 4,716 in 1964. This unit was responsible for 7 cases out of 34 new cases of pulmonary tuberculosis seen during 1965, and for 9 cases out of the 54 cases of bronchial carcinoma.

Tuberculosis

Table 1 shows the number of notifications throughout England and Wales for 1965 and the preceding five years.

TABLE 1

Year	Pulmonary	Non-pulmonary
1960	21,129	2,861
1961	19,187	2,728
1962	17,973	2,685
1963	16,355	2,608
1964	15,026	2,581
1965	13,687	2,576

Table 2 shows the number of notifications in the area covered by the East Cumberland Hospital Management Committee for the past ten years.

TABLE 2

Year	Carlisle City		East Cumberland		North Westmorland		TOTAL	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
1956	65	8	54	10	8	2	127	20
1957	68	8	54	12	3	1	125	21
1958	66	17	47	15	4	1	117	33
1959	59	8	50	11	7	2	116	21
1960	46	12	19	6	7	2	72	20
1961	28	9	8	2	2	1	58	18
1962	26	—	23	2	3	1	52	3
1963	19	4	18	5	—	1	37	10
1964	14	6	25	6	3	—	42	12
1965	20	4	14	5	—	1	34	10

The programme of therapy in tuberculosis remains as in previous years. No new drugs have been introduced. The number of cases of tuberculosis with organisms resistant to the main drugs at the end of the year total 3. There have been no new cases of tuberculosis found in immigrants in the area.

Table 3 gives the number of pulmonary and non-pulmonary cases on the Clinic register at the end of 1965 for the three local authority areas in the East Cumberland Hospital Management Committee area.

TABLE 3

Carlisle City		East Cumberland		North Westmorland		Totals	
Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
178	29	177	21	16	3	371	53

Contact work has greatly diminished during the year; as the number of new cases of pulmonary tuberculosis has declined so have the number of contact examinations. In addition, older contacts, and particularly those who have been vaccinated successfully with B.C.G. vaccine, are now only seen at two- or four-yearly intervals.

Table 4 shows the number of chest beds available with the number of discharges for 1965 and 1964.

TABLE 4

Hospital	Beds available	No. discharged in 1965	No. discharged in 1964
Ward 18, Cumberland Infirmary	14	271	281
Longtown Hospital . .	26	141	132
Blencathra Hospital	11	43	58

Neoplasm

Table 5 shows the number of new cases of cancer of the lung seen at the Chest Centre during 1965 and the previous nine years. Of the 54 cases coming to our notice during 1965 only 7 were found, after investigation, to be fit for surgery, and thus only palliative treatment was possible for the other 47.

TABLE 5

Year	Carlisle City	East Cumberland	North Westmorland	Total
1956	16	11	2	29
1957	23	11	3	37
1958	27	27	5	59
1959	26	31	2	59
1960	31	20	3	54
1961	28	30	6	64
1962	30	29	1	60
1963	34	36	4	74
1964	36	38	6	80
1965	26	26	2	54

W. HUGH MORTON, M.B., D.P.H., M.R.C.P.(Ed.),

Consultant Chest Physician.

SOUTH WESTMORLAND

Tuberculosis

At the end of 1965 the number of patients on the Register was less than in the previous year. The fall in respiratory cases among men and women followed the recent pattern with a reduction of about 25%. The number of children rose slightly and that of non-respiratory men and children was static, but there was a substantial rise in the number of cases of non-respiratory tuberculosis in women — only partly accounted for by the transfer of child patients into the women's age-group.

During the year eight new respiratory cases were diagnosed and three inactive cases moved into the area. All the tubercle bacilli grown from these patients were fully drug sensitive, and appropriate chemotherapy should cure all of them. Four women developed cervical adenitis labelled as tuberculosis, but no infected milk source has been apparent. It is possible that the disease in some or all of these patients has been due to mycobacteria other than tuberculosis — a situation which, it is thought, is becoming more common — or more commonly recognized.

Hospitals

Beaumont Hospital continues as the main chest bed centre and there has been no waiting time for admission of tuberculous patients, while the beds in Meathop remain on loan to the geriatric service.

Clinics

	1963.	1964.	1965.
New Cases	422	398	306
B.C.G. Vaccinations	63	72	40
Total Attendances	1,159	1,193	1,090
Visits by Tuberculosis Health Visitor ...	1,085	926	731

The volume of work has dropped in terms of numbers, this being due mainly to the longer time required in the examination and follow-up of non-tuberculous as compared with tuberculous patients. The smaller number of active tuberculous cases has led to a corresponding reduction in the number of B.C.G. vaccinations and home visits required, but it is most helpful to have all the health visiting carried out by one nurse who can thereby achieve a very close liaison between clinic, patient and physician. It is greatly to be hoped that this arrangement will continue.

I wish to acknowledge the help of the County Medical Officer of Health and his staff, and also that of the nursing and clerical members working in the Chest Clinic.

R. DOUGLAS YOUNG, M.D., M.R.C.P.E.,
Consultant Chest Physician.

No. 5 MASS RADIOGRAPHY UNIT

This Unit, operating under the aegis of the Manchester Regional Hospital Board, is now intended to visit Kendal annually, and the remainder of South Westmorland and the Lakes area every third year.

The third of these annual visits to Kendal was made between 16th and 22nd July, 1965, when 1,987 persons, 583 males and 1,404 females were X-rayed, compared with a total of 6,707 seen the previous year. Only one active case of tuberculosis was discovered, and there were no Malignant Neoplasms.

The following is a summary of the Table supplied by Dr. Capper showing the abnormalities discovered:—

	MALES		FEMALES		TOTAL	
	No.	Rate per 1000	No.	Rate per 1000	No.	Rate per 1000
Tuberculosis:						
(a) requiring close supervision or treatment ..	—	—	1	1.22	1	0.71
(b) requiring only occasional out-patient supervision..	—	—	—	—	—	—
Malignant Neoplasms	—	—	—	—	—	—
Acquired Cardiac Abnormalities	—	—	2	—	2	—

TREATMENT OF VENEREAL DISEASES

Treatment of Venereal Diseases has now passed to the Regional Hospital Board. The problem of V.D. has never been a large one in Westmorland. The establishment of the Kendal Clinic has had a useful part to play. The journey to Lancaster, Barrow or Carlisle has deterred a number of patients from having regular treatment, with the result that there was an increase in the number of defaulting patients.

Westmorland cases treated at the following Centres for the year ended 31st December, 1965, are as follows:—

Centre	Syphilis	Gonorrhœa	Non-Venereal and undiagnosed conditions	Total number of cases
Carlisle ..	—	2	3	5
Kendal ..	3	2	19	24
Lancaster ..	2	3	14	19
Total ..	5	7	36	48

TABLE I

ANTE-NATAL MOTHERCRAFT and RELAXATION CLASSES

Number of women who attended during the year ..	Institutional booked ..	282
	Domiciliary booked ..	5
	Total	287
Total attendances during the year		1326

TABLE II

DOMESTIC HELPS

(a) Number of Domestic Helps employed at 31st December, 1965:—	
(1) Whole-time	—
(2) Part-time	59
(3) Whole-time equivalent of (2) above	29
(b) Number of cases where Help was provided:—	
(1) Aged 65 years or over	291
(2) Chronic Sick and tuberculous	38
(3) Mentally disordered	3
(4) Maternity	37
(5) Others	33
	402

TABLE III

HOME NURSING

	Persons aged under 5 yrs. at first visit	Persons aged 5-65 yrs. at first visit	Persons aged over 65 yrs. at first visit	Totals
No. of cases attended during year ..	139	900	1,458	2,497
No. of visits paid during year ..	613	13,688	54,150	68,451

CHILD WELFARE CENTRES

TABLE IV

No. provided	No. of children who attended and who were born in:—			No. of sessions held by:				Total number of sessions	Total attendances of children who were born in:—		
	1965	1964	1960-63	Medical Officers	Health Visitors	G.Ps. on sessional basis	Hospital Medical Staff		1965	1964	1960-63
14	464	343	306	91	86	92	—	269	3,060	3,404	3,422

HEALTH VISITING

TABLE V

	Children born in:—			Total children	Persons aged 65 yrs. or over	Mentally disordered persons	Persons (excl. maternity cases) discharged from hospitals	Tuberculous households	Households visited on account of other infectious diseases
	1965	1964	1960-63						
No. of cases visited ..	1,055	1,214	2,672	4,941	1,101	32	150	257	355
No. of visits	8,963	6,604	8,980	24,547	5,354	136	289	895	493

In addition, 1,633 visits were made to 528 persons between the age of 5 and 65 years.

TABLE VI

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked	Doctor booked	Total	
7	71	78	754

TABLE VII

AMBULANCE SERVICES

	No. of Vehicles at 31-12-65	Total No. of patients	Total No. of Journeys	No. of emergency patients included in col. (3)	Total mileage during period
(1)	(2)	(3)	(4)	(5)	(6)
Ambulances ..	7	3,942	2,937	533	90,053
Cars	See below*	30,341	11,352	364	400,930

NOTE.—*The Sitting-case Car Service was provided by voluntary drivers and by taxis.

MENTAL HEALTH ACT, 1959: PATIENTS IN COMMUNITY CARE

	MENTALLY ILL				PSYCHOPATHIC				SUB-NORMAL				SEVERELY SUB-NORMAL				TOTAL SUB-NORMAL & SEVERELY S'-NORMAL		GRAND TOTAL
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16	16 and over	
	M. (1)	F. (2)	M (3)	F. (4)	M. (5)	F. (6)	M. (7)	F. (8)	M. (9)	F. (10)	M. (11)	F. (12)	M. (13)	F. (14)	M. (15)	F. (16)	(17)	(18)	Cols. (1)—(16)
2. Number of Patients under Guardianship at 31-12-65	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
3. Number of Patients under L.H.A. care at 31-12-65																			
(a) Total Number	–	–	9	13	–	–	4	3	2	3	38	47	15	10	9	7	30	101	160
(b) Attending day training centre ..	–	–	–	–	–	–	–	–	2	1	2	8	7	5	4	3	15	17	37
Awaiting entry thereto	–	–	–	–	–	–	–	–	–	1	1	1	3	2	–	–	6	2	8
(c) Resident in residential training centre	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Awaiting residence therein ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(d) Receiving home training	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Awaiting home training	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(e) Resident in L.A. home/hostel ..	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–	–	–	2	2
Awaiting residence in L.A. home/hostel	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Resident at L.A. expense in other home	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Resident at L.A. expense by boarding out in private household	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(f) Receiving home visits and not included under (b) to (e) ..	–	–	9	13	–	–	4	3	–	1	33	38	5	3	5	4	9	80	118
4. Number of Patients in L.H.A. area on waiting list for admission to hospital at 31-12-65																			
(a) In urgent need of hospital care ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(b) Not in urgent need of hospital care	–	–	–	–	–	–	–	–	–	2	3	3	–	2	1	3	4	10	14
5. Number of patients admitted temporarily for residential care																			
(a) To N.H.S. hospitals	–	–	–	–	–	–	–	–	1	–	–	1	1	–	1	3	2	5	7
(b) Elsewhere	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1965

REFERRED BY	MENTALLY ILL				PSYCHOPATHIC				SUB-NORMAL				SEVERELY SUB-NORMAL				TOTAL SUB-NORMAL & SEVERELY SUB-NORMAL		GRAND TOTAL
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16	16 and over	Cols. (1) —(16)
	M. (1)	F. (2)	M. (3)	F. (4)	M. (5)	F. (6)	M. (7)	F. (8)	M. (9)	F. (10)	M. (11)	F. (12)	M. (13)	F. (14)	M. (15)	F. (16)	(17)	(18)	
(a) General practitioners	4	1	19	21	–	–	–	–	–	–	–	–	1	–	–	–	1	–	46
(b) Hospitals, on discharge from in-patient treatment	–	–	6	3	–	–	–	1	–	–	–	3	–	–	–	–	–	3	13
(c) Hospitals, after or during out-patient or day treatment ..	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
(d) Local education authorities ..	8	–	–	–	–	–	–	–	1	1	–	–	1	–	–	–	3	–	11
(e) Police and courts	–	–	3	4	–	–	3	–	–	–	–	–	–	–	–	–	–	–	10
(f) Other sources	–	1	3	10	–	–	3	2	–	–	2	2	1	2	–	–	3	4	26
(g) Total	12	2	33	38	–	–	6	3	1	1	2	5	3	2	–	–	7	7	108

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1965

Ages	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Acute Pneumonia	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Puerperal Pyrexia	Opthalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infective Encephalitis	Typhoid Fever
Under 1 year	—	—	—	—	—	—	—	—	—	—	—	13	2	—	—	—	—
1-2 Years	—	1	—	—	—	—	—	—	—	—	—	190	—	—	—	—	—
3-4 Years	—	5	—	—	—	—	—	—	—	—	—	246	5	—	—	—	—
5-9 Years	—	5	1	—	—	—	—	—	7	—	—	369	7	—	—	—	—
10-14 Years ..	—	4	—	—	—	—	—	—	—	—	—	39	—	—	—	—	—
15-24 Years ..	—	—	1	—	—	—	—	—	2	1	—	5	1	—	1	—	—
25 years and over	—	—	1	—	5	—	—	—	—	1	—	5	—	—	1	—	2
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified ..	—	15	3	—	5	—	—	—	9	2	—	867	15	—	2	—	2
Cases admitted to Hospital	—	1	—	—	—	—	—	—	—	—	—	1	—	—	2	—	2
Total Deaths	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—

NOTIFIABLE DISEASES, 1965

	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Acute Pneumonia	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Puerperal Pyrexia	Opthalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infective Encephalitis	Typhoid Fever
Appleby	—	1	—	—	—	—	—	—	—	—	1	—	—	18	—	—	—	—	—
Kendal	—	4	2	—	6	2	—	—	—	—	—	1	—	336	10	—	—	—	2
Lakes	—	—	1	—	2	—	1	—	—	—	—	—	—	67	—	—	—	—	—
Windermere ..	—	—	—	—	1	—	—	—	—	—	—	—	—	69	—	—	—	—	—
N. Westmorland..	—	5	—	—	1	—	—	—	—	—	8	—	—	204	1	—	—	—	—
S. Westmorland..	—	5	—	—	3	3	4	—	—	—	—	1	—	173	4	—	2	—	—
Totals 1965 ..	—	15	3	—	13	5	5	—	—	—	9	2	—	867	15	—	2	—	2
Totals 1964 ..	—	21	—	—	15	2	15	—	—	—	1	1	—	722	35	—	—	—	—

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer—John A. Guy, M.D., D.P.H.

Deputy Principal School Medical Officer—
I. S. Bailey, M.A., M.R.C.S., L.R.C.P., D.P.H.

Principal School Dental Officer—M. D. McGarry, L.D.S.

School Dental Officers—
D. J. Harrison, B.D.S.
J. B. Millar, B.D.S., L.D.S.
B. C. Tomlinson, L.D.S., R.C.S.

Audiometrician—Part-time: Mrs. V. I. Bielby.

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye—
W. B. Brownlie, F.R.C.S., Underwood, Heversham.

Diseases of the Chest—
Dr. W. Hugh Morton, Consultant Chest Physician, Chest Centre, Carlisle.
Dr. R. Douglas Young, Consultant Chest Physician, Lancaster and Kendal.

Consulting Psychiatrist—
Dr. R. C. Cunningham, Medical Superintendent, Royal Albert Hospital, Lancaster.

THE EDUCATION AREA

County of Westmorland:—

Area	504,917 acres
Population (estimated mid-1965)... ...	66,950
Estimated Product of 1d. Rate, 1965-66 ...	£8,891
Number of Schools—Primary	82
Secondary	11
Nursery	1
Special	1
Number of pupils (January 1965)—	
Primary	5,617
Secondary	4,034
Nursery	52
Special	28
	9,731

MILK IN SCHOOLS SCHEME

The Local Education Authority now enters into annual contracts with dairymen for the supply of milk to schools. The responsibility of the Principal School Medical Officer for approving the source of supply remains unaffected and it is gratifying to report that all milk now supplied to maintained schools in the County is designated, but the position cannot be regarded as entirely satisfactory until all supplies are delivered in one-third pint bottles.

County Schools

Designation of milk supplied.	No. of schools.
Untreated	40
Pasteurised	55
	95
Number of schools taking milk in other than ⅓-pint containers	9

Independent Schools

Untreated	7
Pasteurised	8
Number of schools taking milk in other than ⅓-pint containers	5

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically, and out of 56 samples taken 3 failed to satisfy the Methylene Blue Test. No sample was unsatisfactory on the Cavy Inoculation Test.

Infestation (Uncleanliness)

During the past year 16,956 examinations were carried out by the District Nurses, and the number of children found to be infested with lice or nits was 35 compared with 71 during the previous year. This is the lowest figure of which records are available and compares with 708 children found unclean in 1945.

The following Table shows the incidence of infestation during the past ten years.

Year.	No. of examinations for uncleanliness.	No. of children found unclean.	Per cent of children found unclean.
1956	24,789	81	1.0%
1957	24,299	80	1.0%
1958	21,790	100	1.4%
1959	20,872	57	0.8%
1960	18,693	107	1.5%
1961	19,124	94	1.8%
1962	19,287	82	1.3%
1963	18,736	110	1.7%
1964	18,502	71	1.0%
1965	16,956	35	0.5%

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing Table as a percentage of the number of pupils on the registers during the respective years.

Ear, Nose and Throat Conditions

The enlargement of tonsils and adenoids now comprise only a small proportion of the list of defects found at school medical inspection to require treatment, and it is interesting to note that although only 26 pupils were referred to hospital on account of nose and throat defects as a result of school medical inspection, evidence is available to show that no less than 95 children received operative treatment for this condition during the year. This no doubt reflects largely the fact that patients are now usually referred to hospital by the School Medical Officer only after repeated observation and also that by far the majority of the children are referred for this operation by their family doctors.

The Ministry of Education is interested in the wide variations in the proportion of children in different parts of the country who have undergone tonsillectomy and is now asking medical officers to record for each child seen at periodic inspection whether he or she has undergone the operation at any previous time. The figures observed in this County in 1965 are as follows:—

	No. examined.	No. who had had tonsillectomy.	Percentage.
Entrants	993	19	1.9
Intermediate	755	79	10.4
Leavers	724	114	15.7
Others	334	33	9.8

Children with special defects or abnormalities are referred to the hospitals in Kendal, Lancaster and Carlisle, to be seen by the consulting surgeons. This procedure has been helpful in dealing with such cases as chronic otorrhœa, increasing deafness and infected sinuses. Twenty-six cases were referred during the past year compared with 35 in the previous year, due in large measure to the reference to hospital of a number of children found to be deaf as a result of routine audiometric surveys in the schools. The following list illustrates the type of case referred:—

Condition.	No. of children referred.
Defective hearing	13
Enlarged tonsils and adenoids with other symptoms	7
Otitis Media	3
Ear-ache	1
Nasal obstruction	1
Stammer	1

Speech Therapy

Number of children who have attended for Speech Therapy	146
,, attendances made	1,253

Up to the time of writing we have still been unable to obtain a qualified full-time Speech Therapist to replace Miss Cade who resigned in August 1963. Mrs. Pearson, who, though not holding the qualification of the College of Speech Therapists, has had considerable experience in this work, worked in a part-time capacity from January 1964 until 30th June, 1965, when she emigrated to Australia, and Miss B. M. Barker, a qualified Speech Therapist, was also employed part-time from 2nd February until 30th June, 1965, when she also emigrated.

Audiometric Surveys

In 1960 the Committee decided to institute routine audiometric surveys of children in attendance at maintained schools in the County. Now that this work is carried out by a part-time member of the staff who has no other duties it is possible to arrange the programme at times more convenient to the schools, and arrangements have also been made for the Audiometrician to receive instruction at Mr. Freeman's Ear, Nose and Throat Clinic, and also to attend a course of instruction in this work at Manchester University.

The normal procedure is for all children in attendance at a school to be subjected to a Sweep Test, using the Amplivox Pure Tone Audiometer. Any children failing to respond satisfactorily to this test are investigated more fully by being given a more thorough test either at the school, or if, as frequently happens, conditions there

are unsatisfactory on account of noise, etc., at a clinic. Many failures at Sweep Test may be due to catarrhal conditions, and when these exist the test is repeated when the condition has resolved.

Children whose response to further testing is still unsatisfactory are then seen by a member of the Medical Staff of the Department who decides in each case whether reference to an Ear, Nose and Throat Consultant is necessary.

Figures showing the work undertaken in this connection are given below:—

Schools visited	54
Number of children sweep tested	3,354
Requiring further investigation	177

Child Guidance Clinic

The services of Dr. R. C. Cunningham continue to be available as Consultant Psychiatrist at the Child Guidance Clinic.

Number of attendances during 1965	15
,, cases	14

School Clinics

The Ministry has requested that this Report should give the location and details of the session held at the School Clinics, and the relevant information is given below:—

Location.	Types of Clinics.	Frequency of Sessions.
Health Services Clinic, Kendal ...	Dental treatment ...	Daily
	Ophthalmic examination ...	Weekly
	Speech Therapy ...	As required
	Vaccination ...	As required
	Child Guidance ...	As required
U.D.C. Offices, Ambleside ...	Dental ...	As required
Appleby Clinic ...	Dental ...	As required
	Vaccination ...	As required

Orthopaedic Scheme

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, and Mr. Kitchin, the Orthopaedic Specialist, has undertaken to arrange for remedial exercises, etc., and follow-up treatment of these cases.

Number of children known to be attending Hospital Out-Patient Departments:—

Westmorland County Hospital	...	...	213

Handicapped Pupils

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school-teachers or the Educational Adviser to the School Medical Officer who examines them and reports to the Local Education Authority. The number of cases examined during the year was 25, of whom 7 were recommended for admission to Special Schools for educationally subnormal pupils, 1 for partially sighted pupils, 1 for physically handicapped pupils, 1 for maladjusted pupils, and 1 for partially hearing pupils.

In addition, 4 children were found to be ineducable and recommended for action under Section 57(4), Education Act, 1944. Seven children were referred for further examination after a trial period; 3 children were recommended for special help in ordinary schools. A copy of the report on each case is submitted to the Educational Adviser so that any special attention possible in the ordinary school may be given to those children needing it.

The position with regard to the placing of pupils in special boarding-schools is now much improved, and the opening of Ingwell and Higham Special Schools by the Cumberland Local Education Authority, and of Eden Grove Special School as a private venture, has enabled places to be found for most of the pupils whose parents are willing for them to attend.

I am indebted to the Director of Education for the figures in the Table on pages 74 to 76.

Treatment of Defective Vision

All schoolchildren found to be suffering from refractive errors are referred for examination under the Supplementary Ophthalmic Service administered by the Executive Council under the National Health Service Act, and spectacles, where necessary, are supplied under the provisions of that Act. By arrangement with the Local Executive Council, Mr. Brownlie, the Ophthalmologist, continues to hold sessions as required at the Kendal Clinic, but parents are given the opportunity to make their own arrangements with opticians if they prefer it.

Children whose eye condition necessitates treatment other than the provision of spectacles are referred to the Ophthalmic Consultants at the Westmorland County Hospital or at the Cumberland Infirmary.

Total number referred for testing of vision ... 162

B.C.G. VACCINATION OF SCHOOLCHILDREN

A full report on the B.C.G. Vaccination arrangements is given in the Report of the County Medical Officer of Health, but it may be mentioned here that during 1965 the following work relating to schoolchildren was undertaken:—

Number Skin Tested.	Number Positive.	Number Vaccinated.	Percentage Positive.
446	18	422	4.09

The percentage of children found positive shows a slight reduction from the figure of 4.62% recorded last year, and is again the lowest so far recorded.

POLIOMYELITIS VACCINATION

This work is carried out under the control of the Local Health Authority and is reported fully in the Report of the County Medical Officer of Health, but I would here like to acknowledge once again the ready co-operation of the teachers and their forbearance in the frequent interruption of the school routine which repeated visits to the schools in connection with this work entails.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1965

I have the honour to present the annual report for the School Dental Service for the County of Westmorland for 1965. The statistical tables will be found on pages 72 and 73.

Staff

During 1965 no change occurred in staffing, either amongst Dental Officers or Dental Surgery Assistants.

Dental Inspection and Treatment

The inspection figures show a decrease, both in time devoted to inspections and in the numbers of children seen, from the previous. year. On the other hand, treatment figures show a very slight overall increase. The most significant alteration in the treatment figures is the marked increase in the number of fillings in deciduous teeth.

Dental Health Education

Slightly more time has been devoted by the Dental Officers to dental health education, and a concentrated campaign of mass dental health education is planned for the children attending Secondary and Grammar Schools during 1966.

Clinical Accommodation

The new Kendal Clinic was opened during the year. The provision of suitable purpose built accommodation in Kendal, well equipped to present-day standards, has made a big improvement to the overall appearance of the service.

It is unfortunate that the Council could not accept my recommendation in last year's report for the purchase of a third mobile dental clinic. The failure to provide this, while interfering with the efficiency of treatment provided by the dental officers, will in the long run have much more obvious effect, in the markedly increased disruption of school routine in the Longlands and Lakes Secondary Schools.

In conclusion, I wish to thank Dr. Guy for his continued support, the teaching staff for their generous co-operation and all members of the dental staff for another year's continuous effort on behalf of the service.

M. D. McGARRY,
Principal School Dental Officer.

STATISTICAL TABLES

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical condition of Pupils Inspected		Pupils found to require treatment		
		Satisfactory No.	Unsatisfactory No.	For defective vision (excluding squint)	For any of the other conditions recorded in Pt. II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1961 and later	124	124	—	—	3	3
1960	697	697	—	6	22	26
1959	172	171	1	2	11	12
1958	48	48	—	2	6	6
1957	40	40	—	2	2	4
1956	30	30	—	4	1	5
1955	755	753	2	34	14	47
1954	104	104	—	7	—	7
1953	53	53	—	4	—	4
1952	42	42	—	4	2	6
1951	17	17	—	—	—	—
1950 and earlier	724	724	—	11	16	27
Total	2806	2803	3	76	77	147

Col. 3 as percentage of Col. 2 — 99.89%. Col. 4 as percentage of Col. 2 — 0.11%.

B.—OTHER INSPECTIONS

Number of Special Inspections	63
Number of Re-Inspections	3,624
Total ..	3,687

C.—INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	16,956
(ii)	Total number of individual pupils found to be infested ..	35
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 [2], Education Act, 1944)	Nil.
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 [3], Education Act, 1944) ..	Nil.

PART II.—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect code (1)	Defect or Disease (2)	(1)	Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	5	4	5	14	—
		O	40	16	22	78	1
5	Eyes (a) Vision	T	8	8	60	76	10
		O	55	26	132	213	19
	(b) Squint	T	12	—	7	19	1
		O	34	1	16	51	—
	(c) Other	T	—	1	—	1	—
		O	3	2	9	14	—
6	Ears (a) Hearing	T	—	—	—	—	1
		O	47	8	31	86	3
	(b) Otitis Media ..	T	—	1	1	2	—
		O	49	3	24	76	—
	(c) Other	T	—	—	—	—	1
		O	1	—	—	1	—
7	Nose and Throat	T	3	—	2	5	1
		O	186	12	72	270	1
8	Speech	T	6	—	—	6	3
		O	14	—	3	17	3
9	Lymphatic Glands	T	—	—	—	—	—
		O	137	5	41	183	—
10	Heart	T	2	—	—	2	—
		O	7	2	3	12	—
11	Lungs	T	—	—	—	—	—
		O	46	5	20	71	1
12	Developmental (a) Hernia ..	T	1	—	2	3	—
		O	11	2	7	20	—
	(b) Other ..	T	1	1	1	3	—
		O	28	1	19	48	1
13	Orthopaedic (a) Posture ..	T	—	—	—	—	—
		O	5	12	22	39	—
	(b) Feet ..	T	2	1	3	6	—
		O	114	22	68	204	1
	(c) Other ..	T	2	2	2	6	1
		O	52	19	23	94	1

T = found to require treatment.
O = found to require observation.

PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR—*continued*

Defect code (1)	Defect or Disease (2)		Periodic Inspections: Entrants	Leavers	Others	Total	Special Inspections
14	Nervous System (a) Epilepsy ..	T	—	1	—	1	—
		O	2	—	1	3	1
	(b) Other ..	T	—	—	—	—	—
		O	10	2	6	18	2
15	Psychological (a) Development ..	T	—	—	—	—	—
		O	5	—	6	11	3
	(b) Stability ..	T	—	—	1	1	—
		O	1	—	6	7	—
16	Abdomen	T	2	—	1	3	—
		O	10	3	13	26	1
17	Other	T	—	3	3	6	—
		O	13	10	35	58	5

T = found to require treatment.
O = found to require observation.

PART III

A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with:	
External and other, excluding errors of refraction and squint ..	1
Errors of refraction, including squint	469
Total ..	470
Number of pupils for whom spectacles were prescribed ..	251

B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Number of cases known to have been treated:	
Received operative treatment:—	
(a) for diseases of the ear	4
(b) for adenoids and chronic tonsillitis	95
(c) for other nose and throat conditions	7
Received other forms of treatment	7
Total ..	113

Total number of pupils known to have been provided with hearing aids:—	
(a) in 1965	—
(b) in previous years	4

C.—ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated:—	
(a) Treated at clinics or out-patient departments ..	213
(b) Treated at school for postural defects	—
Total ..	213

D.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	—
Impetigo	—
Other skin diseases	1
Total	1

TABLE E.—CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child Guidance Clinics	14

F.—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists	146

G.—OTHER TREATMENT GIVEN

Number of cases known to have been dealt with:

(a) Pupils with minor ailments	—
(b) Pupils who have received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	422
(d) Other: Miscellaneous Medical and Surgical conditions	133
Total	555

NOTE—It should be observed throughout Part III above that the figures given for treatment other than that carried out under the Authorities' arrangements can be regarded only as incomplete. Information received from hospitals varies considerably, whilst little or no information is available regarding treatment carried out in Private Nursing Homes or by general practioners.

1. Attendances & Treatment	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	1,790	1,275	519	3,584
Subsequent visits	1,599	1,941	632	4,172
Total visits..	3,389	3,216	1,151	7,756
Additional courses of treatment commenced ..	200	142	19	361
Fillings in permanent teeth	1,618	3,536	1,377	6,531
Fillings in deciduous teeth	2,214	156	—	2,370
Permanent teeth filled ..	1,221	2,993	1,190	5,404
Deciduous teeth filled ..	2,012	134	—	2,146
Permanent teeth extracted	58	362	154	574
Deciduous teeth extracted	1,217	342	—	1,559
General anaesthetics ..	139	23	12	174
Emergencies	56	19	8	83

Number of Pupils X-rayed	83
Prophylaxis	482
Teeth otherwise conserved	686
Number of teeth root filled	8
Inlays	7
Crowns	10
Courses of treatment completed	3,104

2. Orthodontics

Cases remaining from previous year	66
New cases commenced during year	40
Cases completed during year	34
Cases discontinued during year	3
Number of removable appliances fitted	57
Number of fixed appliances fitted	—
Pupils referred to Hospital Consultant	23

3. Prosthetics

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time) ..	—	—	4	4
Pupils supplied with other dentures (first time) ..	2	12	11	25
Number of dentures supplied	3	17	19	39

4. Anaesthetics

General Anaesthetics administered by Dental Officers ..	128

5. Inspections

(a) First inspection at school. Number of Pupils ..	8,381
(b) First inspection at clinic. Number of Pupils ..	213
Number of (a) + (b) found to require treatment ..	5,950
Number of (a) + (b) offered treatment	4,922
(c) Pupils re-inspected at school clinic	541
Number of (c) found to require treatment ..	364

6. Sessions

Sessions devoted to treatment	1,205
Sessions devoted to inspection	103
Sessions devoted to Dental Health Education	10

RETURN OF HANDICAPPED PUPILS

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally sub-normal		(9) Epileptic (10) Speech Defects		Total 1-10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
In the Calendar Year:—											
A. Handicapped Pupils **newly assessed** as requiring education at Special Schools or Boarding in homes	—	1	—	1	1	—	—	5	—	—	8
B. (i) Handicapped Pupils (included at A) **Newly placed** in Special Schools or Homes	—	1	—	1	—	—	—	1	—	—	3
(ii) Of the children assessed prior to 1st January, 1965 numbers who were newly placed in special schools (other than Hospital Special Schools) or boarding homes	—	—	—	1	1	—	—	4	—	—	6
Total B (i) and B (ii)	—	1	—	2	1	—	—	5	—	—	9
Number of children who were subject to new decisions recorded under Section 57 of the Education Act, 1944											3
Number of children for whom reviews were carried out under the provisions of Section 57A of the Education Act, 1944											1
C. Number of Handicapped Pupils requiring places in Special Schools:											
(i) Total—											
(a) Day	—	—	—	—	1	—	—	—	—	—	1
(b) Boarding	—	1	—	—	—	—	—	9	—	—	10

RETURN OF HANDICAPPED PUPILS (*continued*)

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally sub-normal		(9) Epileptic (10) Speech Defects		Total 1-10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(ii) Number in (i) above who have not reached the age of five years—											
(a) Awaiting day places ..	—	—	—	—	—	—	—	—	—	—	—
(b) Awaiting boarding places..	—	—	—	—	—	—	—	—	—	—	—
(iii) Number in (i) above who have reached the age of five years but whose parents had refused consent to their admission to Special School—											
(a) Awaiting day places ..	—	—	—	—	—	—	—	—	—	—	—
(b) Awaiting boarding places..	—	1	—	—	—	—	—	6	—	—	7
On 20th January, 1966:—											
D. (i) Number of Handicapped Pupils from the area—											
(1) attending maintained Special Schools as Day Pupils..	—	—	—	—	—	—	—	—	—	—	—
as Boarding Pupils ..	—	—	—	1	—	—	—	9	1	—	11
(2) were on the registers of non-maintained Special Schools	4	—	3	6	1	—	—	5	—	—	19

RETURN OF HANDICAPPED PUPILS (*continued*)

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally sub-normal		(9) Epileptic (10) Speech Defects		Total 1-10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(ii) Were on the registers of Independent Schools (under arrangements made by the authority)	—	—	—	—	—	—	2	11	—	—	13
Total D (i) and D (ii)	4	—	3	7	1	—	2	25	1	—	43
E. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—											
(i) In hospitals	—	—	—	—	—	—	—	—	—	—	—
(ii) In other groups	—	—	—	—	—	—	—	—	—	—	—
(iii) At home	—	—	—	—	—	—	—	1	—	—	1

TYPE OF EXAMINATION AND/OR TREATMENT

provided, at the School Clinics, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or treatment	Number of School Clinics (i.e., premises) where such treatment is provided— directly by the Authority	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment	—	—
B. Ophthalmic*	1	1
C. Ear, Nose and Throat ..	—	—
D. Pædiatric‡	—	—
E. Speech Therapy ..	—	—
F. Sunray (U.V.L.) ..	—	—
G. Vaccination and Immunisation	2	—
H. Audiology	—	—

* Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2).

‡ Clinics for children referred to a specialist in children's diseases.

CHILD GUIDANCE CENTRES

Number of Child Guidance Centres provided by the Authority 1

Staff of Centres	(a) Number	(b) Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	1	0.02
Educational Psychologists ..	1	0.05
Psychiatric Social Workers ..	Nil	Nil
Others (specify) Mental Welfare Officer ..	1	0.05

The Psychiatrist is made available by the Manchester Regional Hospital Board.